EXHIBIT 300   **UII 029-888888102**

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2010-03-19
Date of Last Change to Activities: 2012-06-21
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2011-09-16
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-06-21

Agency: 029 - Department of Veterans Affairs   **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: InterAgency 21st Century Veterans Interoperability

2. Unique Investment Identifier (UII): 029-888888102

Section B: Investment Detail

1. **Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

    From the Induction Physical through Final Honors, soldiers are seen by numerous health care providers within the Department of Defense (DoD), Department of Veterans Affairs (VA), and the private sector. Within DoD and VA, a soldier is seen in multiple locations at home and abroad. Keeping a consistent Virtual Lifetime Electronic Record (VLER) from accession through final honors has become a presidential mandate. The Veterans Interoperability investment is an interagency initiative that will create a simple, cost effective means for electronically sharing Veteran health and benefits data among VA and DoD. Additionally, this investment will review and analyze the implementation of Health and Human Services (HHS) adopted standards for the exchange of health information across organizational boundaries between public and private partners. This investment encompasses several existing programs: Nationwide Health Information Network (NwHIN), Health Data Repository (HDR), Administrative Data Repository (ADR), Clinical Health Data Repository (CHDR), Bi-Directional Health Information Exchange (BHIE), and Standards and Terminology Services (STS). Each component has unique qualities that contribute to the VA's primary goal of serving Veterans by increasing their access to benefits, services, and the highest quality health care available. In FY2012, these programs will release new, improved, and modified functionality that will contribute toward the goal of sharing Veteran data. Veterans Interoperability is interdependent with the following investments: Inter Agency 21st Century

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One Vet, Inter Agency 21st Century Core, Benefits 21st Century Paperless Delivery of Veterans Benefits, Medical 21st Century Development Core, and Medical Legacy. By streamlining programs and ensuring the collaboration of all stakeholders (including clinicians & patient advocates), this investment will fulfill the presidential mandate to seamlessly integrate DoD data with VA data to prevent a delay in service resulting from the transition from active duty to veteran status. Implementation of InterAgency 21st Century Veterans Interoperability is necessary to establish the interoperability and communication environment required to facilitate the rapid exchange of patient and beneficiary information between public and private partners yielding consolidated, coherent and consistent access to electronic records that will enrich support for health, benefits and personnel activities.

2. **How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

 The Veterans Interoperability investment bridges the gap between DoD, VA, and the private sector by creating a Virtual Lifetime Electronic Record for soldiers that will follow them from the Military Induction Physical through Final Honors. The Program Management Office (PMO) supports this investment by providing program management oversight to design, develop and deploy interoperability solutions. The NwHIN program is comprised of three parts: Adapter/ Gateway, Direct, and Veteran Authorization and Preferences (VAP). NwHIN is a set of standards, services and policies that enable secure health information exchange over the Internet and across diverse entities. Reduction or failure to fund NwHIN will adversely affect: moving from the pilot phase to an enterprise system that enables clinicians to view electronic medical records; not being able to scale the pilots participation beyond a small veteran population; and being able to embrace the NwHIN Direct concept. The Health Repositories program has three projects: Health Data Repository (HDR) II, Regional Shadows (RS), and Administrative Data Repository (ADR). It is a national repository of clinical information which stores data and enables providers to obtain integrated, patient-specific clinical information needed to support treatment decisions. Failure to fund Repositories will result in the VA's inability to integrate clinical patient data across VHA and external healthcare systems to provide and improve healthcare delivery to Veterans. The CHDR interface supports the ability of VA and DoD providers to have a combined medication and allergy list while treating patients seen in both healthcare systems. Not funding CHDR will negatively impact the ability to share Veterans medication and allergy information between VA and DoD. The Bi-Directional Health Information Exchange (BHIE) program is comprised of two parts: Health Information Exchange and Benefits Information Exchange. It provides a secure, bi-directional and real-time display of viewable electronic health information between VA and DoD. If BHIE is not funded, adaptive perfective maintenance cannot be performed to maintain the systems viability and requested enhancements that improve patient care will be delayed indefinitely. STS develops and implements a common set of data standards and language for use within the VHA. Not funding STS will impede interoperability, communication between systems, and adaptation to business and technology changes.

3. **Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

 Nationwide Health Information Network (NwHIN) released Adapter v3.0 & v4.0; completed

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Direct Increments 1 & 2; released Veteran Authorization and Preferences Increments 1 & 2. Repositories completed equipment refresh & all quarterly releases; developed a prototype; added 3 new domains; began developing FY12 domain requirements; implemented new hardware/software at 2 interim data centers; transitioned to the agile method of development. Clinical Health Data Repository (CHDR) deployed VHA Health Information Model Production; increased the number of shared patient records ("active dual consumers") to over 1,000,000. Bi-Directional Health Information Exchange (BHIE) started project & architectural assessment; deployed capability supporting image exchange & access to DoD inpatient records; developed a new two-pass architecture supporting HIE/BIE. Standards and Terminology Services (STS) redesigned Immunizations domain tables; updated SNOMED CT, Lexicon, & ICD-9 tables monthly & quarterly.

4. **Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

 CY 2012 Nationwide Health Information Network (NwHIN) will develop & release Adapter v5.0 & v6.0; complete Direct Increments 3 & 4; & pilot the DIRECT capabilities in support of Women's Health with a Mammography use case. Repositories plans 6-month release deployments; gather & approve requirements for future releases; gather, approve, develop, test, & deploy 3 new domains; HDR will deploy a new version nationally; & RS will implement hardware/software at 2 additional interim data centers. Clinical Health Data Repository (CHDR) will deploy Lab Chem Hem Production; implement Limited Look Back (to limit the exchange of historical data), convert to VHA Health Information Model standard (for message handling), extend terminology mediation capabilities by implementing VHA Enterprise Terminology Services Translation Services 2.0; & continue to share electronic outpatient pharmacy/allergy health data, achieving full saturation of eligible Active Dual Consumer patients.   Bi-Directional Health Information Exchange (BHIE) will release Increments 1&2; handle over 5 million queries per year; implement a Data Access Service (DAS) that provides more efficient & effective health data transfer; extend DAS capability to support a pilot benefits information exchange between VA & Army; provide foundation for VA clinicians & claims adjudicators to exchange VA/DoD health information; & expand its benefits information exchange capabilities. Standards and Terminology Services (STS) will complete the redesign of ICD 10/ ICD 11 coding table; & provide monthly/quarterly updates to Systematized Nomenclature of Medicine Clinical Terminology (SNOMED CT), Lexicon & ICD-9.   BY 2013 Nationwide Health Information Network (NwHIN) will achieve Initial Operational Capability. Repositories plans 6-month release deployments; gather & approve requirements for future releases; & gather, approve, develop, test, & deploy 3 new domains. Clinical Health Data Repository (CHDR) will integrate product with Master Veteran Index functionality. Bi-Directional Health Information Exchange (BHIE) will complete remaining 26 HIE domains using two-pass via a DAS, complete phase 2 of user notification, complete remaining product owner priority band #1 projects, & complete benefits conditions BIE domain. Standards and Terminology Services (STS) will analyze & develop standardized terminology for the radiology, laboratory & pharmacy domains.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve**

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this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2009-06-10

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Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding				
	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	$1.0	$0.0	$0.0	$0.0
DME (Excluding Planning) Costs:	$24.0	$51.9	$27.3	$35.4
DME (Including Planning) Govt. FTEs:	$3.8	$7.0	$3.9	$7.3
Sub-Total DME (Including Govt. FTE):	$28.8	$58.9	$31.2	$42.7
O & M Costs:	$31.3	$22.9	$16.1	$8.4
O & M Govt. FTEs:	$4.3	$2.9	$4.7	$1.7
Sub-Total O & M Costs (Including Govt. FTE):	$35.6	$25.8	$20.8	$10.1
Total Cost (Including Govt. FTE):	$64.4	$84.7	$52.0	$52.8
Total Govt. FTE costs:	$8.1	$9.9	$8.6	$9.0
# of FTE rep by costs:	64	76	76	76

Total change from prior year final President's Budget ($)		$-2.9	$-10.2	
Total change from prior year final President's Budget (%)		-3.26%	-16.34%	

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2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

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Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy											
Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value ($M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	3600	VA11810F0001 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0002 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0005 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0006 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0002 / VA11810BP0012	VA11810BP0012	3600							
Awarded	3600	VA11810F0008 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0009 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0010 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0001	VA11810BP001	3600							

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Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value ($M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
		/	2								
Awarded	3600	V200P1821	V200P1752	3600							
Awarded	3600	V200P1806	V200P1751	3600							
Awarded	3600	V200P1824	V200P1752	3600							
Awarded	3600	V200P1829	V200P1750	3600							
Awarded	3600	V200P1820	V200P1751	3600							
Awarded	3600	V200P1819	V200P1751	3600							
Awarded	3600	VA11810F0016 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0003 / VA11810BP0012	VA11810BP0012	3600							
Awarded	3600	VA11810F0004 / VA11810BP0012	VA11810BP0012	3600							
Awarded	3600	VA11810F0017 / VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0022/ VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0027/ VA11810BP0010	VA11810BP0010	3600							
Awarded	3600	VA11810F0006	VA11810BP001	3600							

Table I.D.1 Contracts and Acquisition Strategy

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				Table I.D.1 Contracts and Acquisition Strategy							
Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value ($M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
		/	2								
Awarded	3600	VA11810F0008 / VA11810BP0012	VA11810BP0012	3600							
Awarded	3600	VA11810F0013 / VA11810BP0012	VA11810BP0012	3600							
Awarded	3600	V200P1750:V0003									
Awarded	3600	VA11810F0021/ VA11810BP0010	VA11810BP0010	3600							

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

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Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-06-21

Section B: Project Execution Data

Table II.B.1 Projects					
Project ID	**Project Name**	**Project Description**	**Project Start Date**	**Project Completion Date**	**Project Lifecycle Cost ($M)**
1003180604	Administrative Data Repository (ADR)	Provides an authoritative data store for shared administrative/ identity/ demographic/ eligibility information which is managed as a corporate asset. This will be realized by a central administrative database for all Medical 21st Century Core applications.			
1003300603	Nationwide Health Information Network Adapter Gateway	The Nationwide Heath Information Network (NwHIN) will provide for the electronic exchange of standardized health records with other Federal and private providers, upon authorization of the Veteran. Supports Office of the National Coordinator for Health Care Technology (ONCHIT) efforts relative to development and implementation of NwHIN. NwHIN will provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers and others involved in supporting health and			

	Table II.B.1 Projects				
Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost ($M)
		healthcare. The request is also foundational to the Presidents goal to develop the Virtual Lifetime Electronic Record (VLER).			
1010250603	Health Data Repository (HDR) II	HDRII is a national database w/ clinical information & health data. HDR resides on one national platform for use by clinicians & other personnel in support of Veteran-centric care. Provides a national, longitudinal database of Veterans clinical data that is structured, standardized & used by clinical & analytic applications. Integration of clinical patient data across VHA & external healthcare systems is key & HDR provides that.			
1012160603	Nationwide Health Information Network Direct	This project would involve expansion of the standards and service definitions of the Nationwide Health Information Network (NwHIN) to allow organizations to deliver simple, secure, scalable, standards-based encrypted health information directly to known trusted recipients over the Internet.			
1101110603	BHIE Performance and Usability Enhancements (PUE)	The Performance and Usability Enhancements (PUE) funding stream provides adaptive perfective maintenance and new capabilities for Health Information Exchange (HIE) and Benefits Information Exchange (BIE) between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) multiple applications within the Bidirectional Health Information			

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		Table II.B.1 Projects			
Project ID	**Project Name**	**Project Description**	**Project Start Date**	**Project Completion Date**	**Project Lifecycle Cost ($M)**
		Exchange (BHIE) system of systems. PUE outcomes include the VLER Data Access Service, (DAS), end-user notification, and two-pass architecture amongst other maintenance and new capability sub-projects on the product users backlog. PUE funds and provides the critical core components of the Virtual Lifetime Electronic Record , (such as the DAS), as well as the present and continuing VA backbone for HIE and BIE between VA and DoD. Clinicians and claims adjudicators rely upon and use, on a daily basis, at a rate of over 5 million queries per year, clinical records that BHIE provides. BHIE provides HIE for clinicians and adjudicators to deliver efficient, effective, and timely treatment and claims processing. Clinicians avoid duplicating radiological, lab, and other tests and studies by using BHIE derived clinical data. If BHIE were not funded, then interagency clinical record exchange would degrade and fail. Patient safety could be seriously and adversely affected, costs could increase, patient satisfaction could decrease, and wounded warriors would not receive timely or effective treatment or claims processing. BHIE provides 31 HIE domains, and the number is anticipated to grow by 107 more.			
1103080603	Nationwide Health Information Network Veteran Authorization	The Veterans Authorizations and Preferences Project (VAP) will			

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		Table II.B.1 Projects			
Project ID	**Project Name**	**Project Description**	**Project Start Date**	**Project Completion Date**	**Project Lifecycle Cost ($M)**
	and Preferences (VAP)	provide veterans with the capability to electronically set and manage their preferences for sharing their health information with other Federal and private providers through the Nationwide Health Information Network (NwHIN).			
1105040604	CHDR Veteran Health Information Model Release	CHDR Veteran Health Information Model Release (VHIM) provides bi-directional, computable data exchange between the Veteran Affairs Health Data Repository and Department of DefenseClinical Data Repository.			
1109200009	STS - Problem List Standardization	The Problem List VistA patch will associate Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes to International Classification of Diseases and Related Health Problems (IDC-9) codes. When ICD-10 is implemented, the SNOMED CT code will be associated with the ICD-10 code.			
1109200025	STS - VA Enterprise Terminology Services (VETS)	VETS consists of tools and applications that allow terminology analysts to author, distribute and perform maintenance on the terminology content that supports applications that need standardized, computable and interoperable clinical terminology.			
1202021049	VLER Data Access Services (DAS)	DAS supports the efficient exchange of VLER health, benefits and personnel data securely and accurately between all data producers and consumers that exist among			

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Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost ($M)
		DoD, VA, and external partners thereby enhancing Veterans rapid access to benefits.			
1202261297	Veteran Authorization and Preferences Interface Improvements (VAP II)	VAP II will provide a centralzied authorization portal, supports a Service member and Veteran-centric customer service approach by expanding awareness and proactive outreach for all VA entitlements: The authorizations portal will contain applicable forms located within a centralized, user-friendly and easy to navigate system.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities ($M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance ($M)	Cost Variance (%)	Total Planned Cost ($M)	Count of Activities
1003180604	Administrative Data Repository (ADR)							
1003300603	Nationwide Health Information Network Adapter Gateway							
1010250603	Health Data Repository (HDR) II							
1012160603	Nationwide Health Information Network Direct							
1101110603	BHIE Performance and Usability Enhancements (PUE)							
1103080603	Nationwide Health Information Network Veteran Authorization and Preferences							

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Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities ($M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance ($M)	Cost Variance (%)	Total Planned Cost ($M)	Count of Activities
	(VAP)							
1105040604	CHDR Veteran Health Information Model Release							
1109200009	STS - Problem List Standardization							
1109200025	STS - VA Enterprise Terminology Services (VETS)							
1202021049	VLER Data Access Services (DAS)							
1202261297	Veteran Authorization and Preferences Interface Improvements (VAP II)							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
1109200025	STS VA Enterprise Terminology Services (VETS12): Planning Finish along with lessons learned documentation	The project team has acceptance from the customer and a lessons learned meetings have taken place. All documentation has been stored in project records.	2012-01-30	2012-01-30	2012-01-30	185	0	0.00%
1202261297	Planning Phase Completed	Planning efforts completed on all Acquisition packages and all documents required for PMAS Approval review.	2012-04-30	2012-04-30		46	-123	-267.39%

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Section C: Operational Data

Table II.C.1 Performance Metrics								
Metric Description	**Unit of Measure**	**FEA Performance Measurement Category Mapping**	**Measurement Condition**	**Baseline**	**Target for PY**	**Actual for PY**	**Target for CY**	**Reporting Frequency**
VLER Health Interoperability - Increase number of active VA NwHIN sites.	Number	Customer Results - Customer Benefit	Over target	2.000000	2.000000	10.000000	10.000000	Semi-Annual
VLER Health Interoperability Investment through NwHIN - Increase number of Veterans opted into NwHIN data sharing exchange.	Number	Customer Results - Service Coverage	Over target	955.000000	955.000000	8123.000000	50000.000000	Monthly
VLER - Increase number of private health information exchange (HIE) providers participating in NwHIN data exchange.	Number	Technology - Information and Data	Over target	2.000000	2.000000	10.000000	10.000000	Semi-Annual
Queries run against Repositories database average 60 seconds for first query maps to Customer Results. All queries now utilize VistAWeb and WAN rather than directly on HDR database.	Seconds	Customer Results - Customer Benefit	Under target	60.000000	19.000000	0.004408	30.000000	Semi-Annual
No data restores from backup media for Repositories.	Event Occurrence	Process and Activities - Security and Privacy	Under target	2.000000	0.000000	0.000000	0.000000	Semi-Annual
Availability for data storage/retrieval for Repositories will be 96% of the time maps	Number	Technology - Reliability and Availability	Over target	96.000000	96.000000	97.600000	96.000000	Monthly

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Table II.C.1 Performance Metrics								
Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
to Customer Results.								